New England Deaconess Hospital

# pulse

185 Pilgrim Road, Boston, Massachusetts

VOLUME 34—NUMBER 31

NOVEMBER/DECEMBER 1981

*As 1981 draws to a close,*
*and members of the Deaconess community*
*pause to exchange greetings of the season,*
*we extend to everyone associated*
*with our hospital best wishes for happy*
*holidays and a healthy, peaceful new year.*

*Laurens MacLure, President*

*The NEDH School of Nursing's first-year nursing students were initiated formally into the profession during the school's annual candlelighting ceremony on October 2. During the program, Ellen D. Howland, director of the School of Nursing (SON), presented pins to the students. The ceremony is designed to enhance the students' identity with the nursing profession while emphasizing SON's philosophy of combining personal concern with professional skills in order to provide quality care to patients. Wearing their uniforms for the first time, each student carried candles in holders believed to be replicas of the lamp used by nurse Florence Nightingale during the Crimean War.*

# Professor Doll delivers Theodore L. Badger lecture

Professor Sir Richard Doll, Fellow of the Royal Society, University of Oxford in England, was the guest speaker for the sixth annual Theodore L. Badger Lectureship series held in Boston from October 28-30. Professor Doll discussed smoking and disease at the second lecture in this year's series, held in Joslin Auditorium on October 29.

The series was established in honor and recognition of Dr. Badger's contributions to the field of pulmonary care. Dr. Badger, who died in 1980, was a Deaconess staff member for 31 years.

In 1976, Dr. Max Finland, a former colleague of Dr. Badger's at Boston City Hospital, encouraged a number of Dr. Badger's friends, students, colleagues and patients to establish a Theodore L. Badger Lectureship Fund at Harvard Medical School (HMS). The fund has been used to bring distinguished physicians and scientists to Boston to present lectures on the basic and clinical aspects of respiratory-related diseases.

Professor Doll remembered Dr. Badger as "a great and fine doctor" before beginning a lecture in which he drew a direct correlation between smoking and lung cancer. "There is no question in my mind that cancer of the lung is caused by smoking," said Professor Doll. "If one stops smoking, the mortality level decreases – although it does not return to the mortality level of the nonsmoker."

Professor Doll explained to the approximately 70 doctors, students and visitors attending the lecture that smoking is associated with several other major illnesses, including bronchitis, emphysema, cor pulmonale (a heart disease), aortic aneurysm, myocardial infarction, pneumonia and peptic ulcer. "All of these diseases show an excess mortality rate in those people who smoke," he said.

*Dr. Robert C. Moellering, Jr. (r), department of medicine chairman, welcomes Professor Richard Doll, guest speaker for the sixth annual Theodore L. Badger Lectureship series.*

Professor Doll also discussed smoking and its role in premature death, its contributions to the increased incidence of lung cancer in women, and the issue of "secondhand" smoke. He mentioned the intensified impact smoking has on disease when combined with other factors. "We see an increased rate of intestinal tract cancer when smoking is combined with alcohol," said Professor Doll. "We see increased risk of myocardial infarction when smoking is combined with the use of oral contraceptives, and we see an increased risk of lung cancer when asbestos workers smoke."

Professor Doll concluded, "The evidence is overwhelming that smoking causes cancer. We can mitigate the effects of smoking on this society, and we should. How much more proof do we need?"

## Deaconess News in Brief

Deaconess employees have given over $28,000 to the *United Way* fund this year. Campaign coordinators *Tom Wright*, purchasing, and *Susan Conway*, medical records, would like to thank those who have contributed to the Massachusetts United Way agency which supports nearly 200 community service groups.

*Carlene Bane, Barbara Wolchok, Diane Gulczynski, Julie White* and *Norma Allen* recently were acknowledged for professional achievement by the American Operating Room Nurses' (AORN) National Certification Board. Over 2,700 registered nurses have qualified for certification by: working as ORN's for at least two years; receiving good evaluations from two of their peers; and passing a four-hour examination on patient care. The AORN has more than 28,000 members nationwide.

The *NEDH Building Services Department* recently has announced several appointments and promotions: *Jose Silva*, a former building services aide, has been promoted to assistant supervisor-days. In this position, he will oversee the Palmer and Baker Buildings. *Arthur Mombourquette* has been named building services supervisor-days. He was formally a supervisor at Brigham and Women's Hospital. *Karen Carson* has been appointed assistant supervisor-days. Her main area of responsibility will be the Farr Building – the same position she held on the weekend evening shift. The aforementioned employees will report to *Barbara Stank*, assistant manager of building services.

## Bequest and planned gift program available at NEDH

In the last 25 years, there have been more advances in medicine than there have been since the beginning of time. These advances have caused medical costs to rise at a rapid rate for both patients and for hospitals struggling to meet their needs.

At the Deaconess, we find that our revenue can no longer support all of the crucial services offered by the hospital. Gifts from private sources are essential in assuring the high quality of care traditionally available at the Deaconess.

A gift to the Deaconess also can make a difference in *your* life. The Deaconess planned gift program offers substantial tax and income benefits in return for your gift of cash, securities, or real estate. By participating in this program, you also receive an immediate charitable income tax reduction and avoid the capital gains tax on any long-term appreciated asset. For information on this program, please contact Associate Director Roger A. Perry, Jr., New England Deaconess Hospital, 185 Pilgrim Road, Boston, MA 02215 (617) 732-8007.

*Joan Grasso, Anne Marie O'Neill and Donna Winsky (l-r) recently graduated from the radiologic technology program offered by NEDH in affiliation with Northeastern University. They completed the 28-month program after spending a minimum of 2,300 hours in clinical training at NEDH. All three received associate in science degrees from Northeastern University. They are now eligible to take the American Registry of Radiologic Technologists examination in order to become registered technologists. The NEDH program is accredited by the National Committee on Allied Health Education, and the American Medical Association.*

# Transluminal angioplasty:

## Radiological procedure used in treating arterial diseases

Over a period of months, Florence Beblowski experienced numbness in her right hand and pain which shot down her arm. She had no pulse or blood pressure in her arm, and was tired of living with the agony.

"I was suffering from atherosclerosis (narrow or blocked arteries)," remembered Beblowski. "I was told I could have surgery to clear the subclavian (under the collarbone) artery or undergo a new, radiological procedure called percutaneous transluminal angioplasty (plastic surgery within the arteries). Surgery on the blocked artery would have required general anesthesia and a hospital stay of at least two weeks. I chose instead to undergo angioplasty at the Deaconess."

Dr. Melvin E. Clouse, chairman of the department of radiology, introduced the technique at the Deaconess in 1978. He says the radiology department has had success with the procedure.

"Angiograms (x-rays of the arteries after a dye injection) of patients taken months following angioplasty show that the arteries have remained clear," said Dr. Clouse. "I would say that nearly every patient has benefited from the procedure." In a paper published last October in the American Journal of Roentgenology, Dr. Clouse highlighted the mechanical effects of balloon angioplasty two weeks after the procedure.

"The technique involves the puncture of an access artery with a needle, then placement of a guidewire followed by a catheter through the area of stenosis (blockage)," explained Dr. Clouse. "A smaller catheter is used to measure pressures above and below the narrowing to determine the degree of blockage. Finally, a balloon catheter is placed in the narrow area and inflated to dilate, or expand, the constriction."

When the artery is dilated, the pulse and blood flow return to normal. After dilatation and removal of the balloon catheter, a contrast dye is injected to assess the effect of the procedure and to determine the width of the opening.

The procedure is done with only a radiologist and radiologic technician present. From the time of the needle insertion to the inflation of the balloon catheter, the entire angioplasty is monitored on a fluorescent screen by the radiologist and technician. Both are able to view on screen the area being repaired in order to see where the catheter is in relation to the blockage.

Transluminal angioplasty drastically changed Beblowski's lifestyle. "During the procedure, I felt sensation return to my hand. After a three-day hospital stay, I returned home," she said. "That very night I was able to cook dinner for my family. For me, it was the best procedure in the world – no surgery, no long hospital stay and a quick return home. I was able to feel like a human being again!"

For many people, angioplasty can be a desirable remedy to the medical problems of atherosclerosis, arteritis (inflammation of the artery) and fibroplasia (formation of fibrous tissue). Prior to the use of angioplasty, surgery was the primary treatment for arterial disease.

"The introduction of the balloon catheterization technique gave us an alternative to surgery," explained Dr. Clouse. "It also extended the approach from just peripheral arteries to almost all main arterial branches, such as the kidney, coronary and subclavian."

Surgery for peripheral vascular disease requires a 10 to 14-day hospital stay and sometimes a 4 to 6-week recuperation period. With angioplasty, the procedure can be repeated with little distress to the patient if there is recurrence of the blockage.

Angioplasty is performed at a minimum cost, and requires a brief hospital stay of 3 to 4 days. Since it is much less invasive than surgery, many patients prefer it, and the maintenance of the patient before and after the procedure is less complicated than surgery. For example, the patient is given aspirin for 48 hours before the procedure, and anticoagulant (blood thinning) medication during the procedure and for 48 hours after it. Then aspirin and persantin (medication to reduce coagulation) are prescribed for 3 to 6 weeks following the angioplasty.

Complications can occur, however, and there are instances when angioplasty is not the treatment of choice. According to Dr. Clouse, "Complications associated with transluminal angioplasty in about three percent of patients include: clotting of the artery in the area of previous stenosis; bleeding from a rupture of the artery; development of a blockage caused by a blood clot or from fragments of the plaque lining the diseased artery," he said.

Surgery is indicated when an artery is blocked completely, when the area of stenosis is so long that a catheter would not suffice for dilatation, or when the blockage is in an area that is hard to reach because it is either too small, or because the stenosis is located in a position that cannot be reached by a catheter line.

"Transluminal angioplasty is a very effective technique when applicable," said Dr. Frank C. Wheelock, a Deaconess vascular surgeon. "Of course, a surgeon should be 'on-call' during the procedure in the event that there is a problem, and surgery becomes necessary."

Dr. Clouse stressed that angioplasty should be viewed as just one treatment modality, with surgery and drug therapy as alternative treatments for vascular and arterial disease.

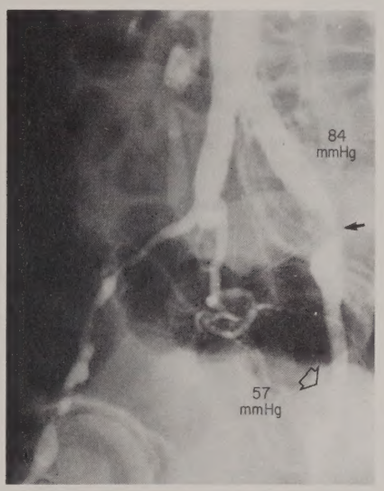
"It's a team approach here at the Deaconess. The radiologist and the surgeon work together on a case," said Dr. Clouse. "Without the cooperation of the surgeon, it is unlikely the procedure could be applied on a broad scale. For one thing, the surgeon must be available during the procedure in case problems occur," he said. In addition, patients must be screened by a vascular surgeon in order to be eligible for the procedure.

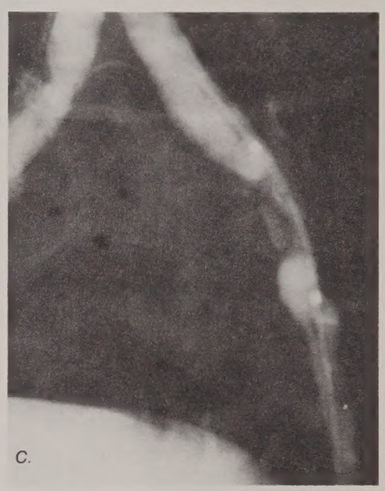
Seventeen years ago, this procedure was performed in a more rudimentary fashion by passing progressively larger catheters through the hardening of the lower limb and branch arteries. Little attention was given to the technique in the United States, although a few doctors in Europe practiced it successfully.

Rapid acceptance and wide use of the procedure followed the introduction of the balloon catheter technique in 1977 by Dr. Andreas Gruntzig of Zurich, Switzerland.

In the United States today, the procedure is gaining prominence and is being performed more frequently. Dr. Clouse views the future of the technique as being good. It will take about five years before its place in medicine is defined clearly, but at the Deaconess it is an established procedure, with an increasing number being performed each year.

"Angioplasty is a safe, easy and cost-effective alternative to surgery," he added. "It is rewarding to be able to perform a procedure that can produce the successful results as we've seen in the case of Mrs. Beblowski."






*A. Solid black arrow indicates severe narrowing of the artery.*
*B. A balloon catheter is inserted (the bladder is visible in the lower left portion of the picture).*
*C. The expanded artery is shown after dilatation.*

*Dr. Melvin E. Clouse, diagnostic radiology, performs a transluminal angioplasty procedure.*

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Nancy Seideman, Editor

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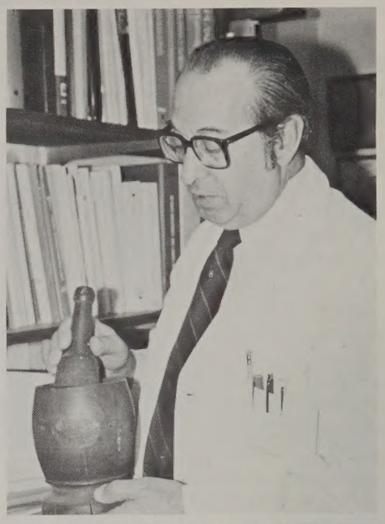
### NEDH Annual Meeting will be held on January 19

The 1982 annual meeting of the New England Deaconess Hospital will begin at 4:30 p.m. on Tuesday, January 19, 1982, at the hospital. The program will include a business meeting, reception and dinner. For more information, contact Associate Director Roger A. Perry, Jr., at (617) 732-8007.

# *Employees receive service award pins at reception on Nov. 16*

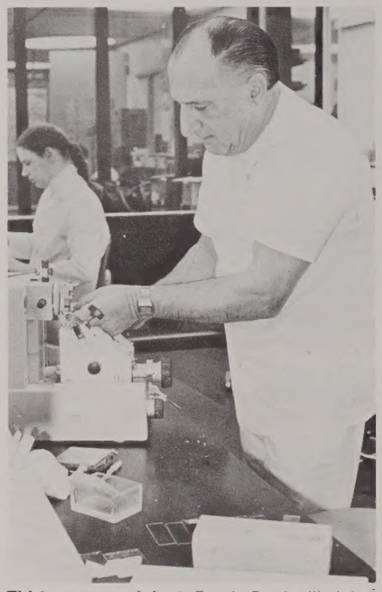
**Ten year recipients** *(seated; l-r): Karen Eichelberger, Carol H. Sisson, Pelagia M. Balodimos, laboratories; (standing l-r) Robert J. Gagnon, Dorothy A. Convey, surgical services; Edgars L. Veisbergs, engineering and maintenance.*

**Twenty year recipient** *David F. Lilley, administration; with* **fifteen year recipients** *(l-r) Sarah M. Kelley, dietary; Gloria Bamford, nursing; and Irene L. Dwelley, administrative services.*



→ **Thirty year recipient** *Philip P. Pacella, pharmacy, examines a piece from his collection of pharmaceutical artifacts.*

**Thirty-five year recipient** *Lois M. Thomas, nursing.*



**Thirty year recipient** *Frank Bettinelli, laboratories.*

← **Twenty-five year recipient** *Barbara E. Howell, nursing. Not pictured: Sue Creutzberger, surgical services.*

**Five year recipients** *(seated, l-r); Lisa Howland, Nancy A. Pilotte, nursing; Phyllis A. Burke, IV therapy; (standing, l-r) Quensella Cooper, service coordination; Randolph H. Branson, engineering and maintenance; Judith E. Prescott, nursing.*

# Dr. Andrews discusses NEDH smoking policy at conference

Dr. Joseph L. Andrews, chairman of the Deaconess smoking policy committee and chief of the Deaconess pulmonary section, represented the hospital at the American Cancer Society's "National Conference on Smoking OR Health" in New York City from November 18-20.

As a result of the leadership role the Deaconess has taken over the years in eliminating smoking within the hospital, Dr. Andrews was invited to participate in a work group entitled "Advancing the Role of Hospitals in Reducing Smoking"

"The focus of my discussion was the Deaconess Hospital's goal to become not only a smoke-free hospital, but also a role model for other health care institutions that want to eliminate or drastically reduce the amount of smoking in their facilities," stated Dr. Andrews.

"The message we wish to impart through our policy is that smoking is injurious to good health, and it is the cause of many preventable diseases such as bronchitis, emphysema, coronary artery disease, peripheral vascular disease and lung cancer," he continued.

"Another goal of the Deaconess smoking policy is to reduce the amount of what commonly is referred to as secondhand smoke," Dr. Andrews explained. "Passive or involuntary smoking, is irritating to nonsmokers, especially those with medical conditions such as asthma."

*(continued on page 6)*

**Five year recipients** *(seated, l-r): Marie Dinitto, outpatient billing; Norman F. Pelletier, diagnostic radiology; Thomas J. O'Leary, laboratories; (standing, l-r) Sandra G. Franklin, observation unit; Martin J. Kane, surgical services; Joyce C. Cerny, laboratories.*

# NEDH celebrates silver anniversary of the Arthur T. Dooley Chapel

*"Dedicating a symbol is not enough . . . what the symbol stands for must penetrate us, become part of our lives. . ."*

*Reverend Warren J. Jacobs at Dooley Chapel "rededication" ceremony.*

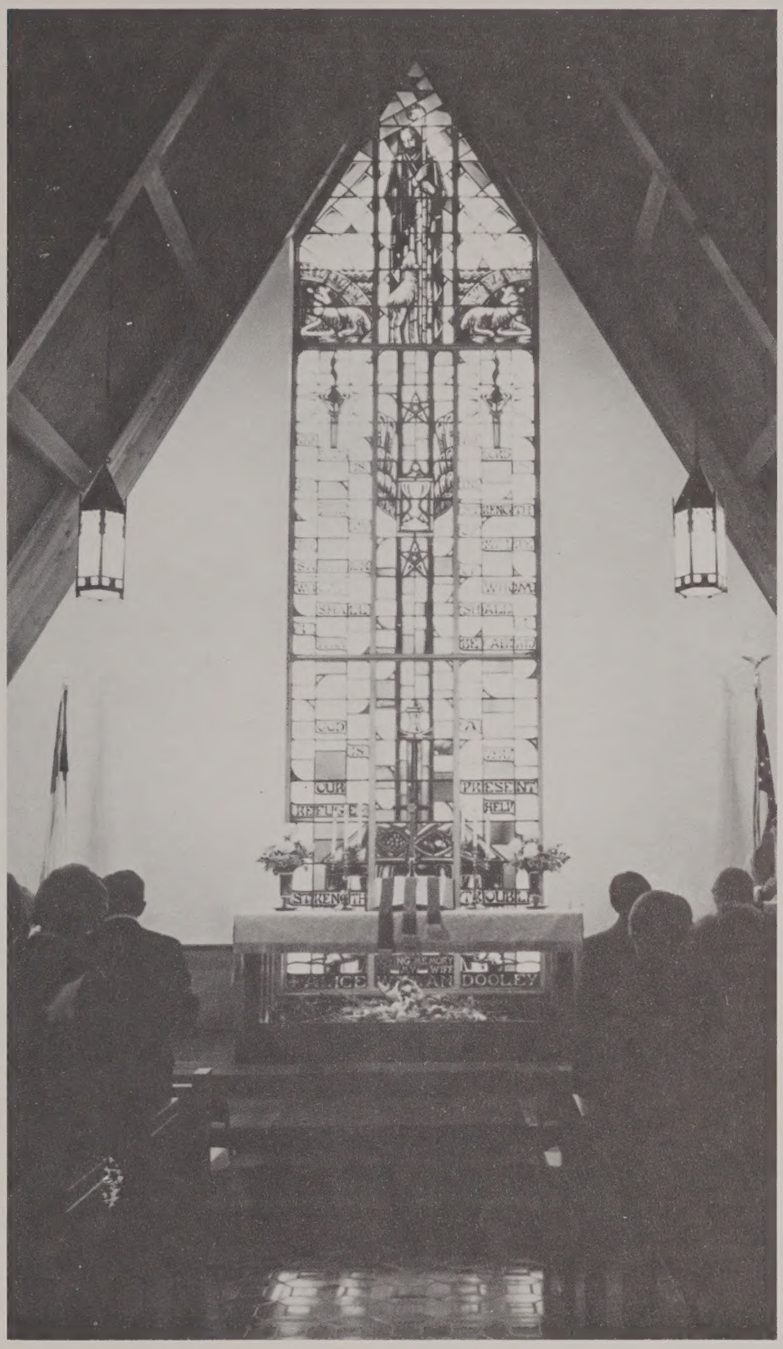
The large attendance at the silver anniversary celebration of the Arthur T. Dooley Chapel indicated that the chapel has been a source of comfort and inspiration for many people over the past 25 years.

Reverend Guy L. Steele, NEDH Director of Pastoral Care, set the tone for the November 22 service by remembering the people – patients, visitors and employees – who have established the chapel as a focal point for the Deaconess "community of healing".

In particular, Reverend Steele paid tribute to Muriel Lund, an NEDH School of Nursing graduate, and a nurse at the hospital for many years, who died in August.

Muriel volunteered many hours to the hospital, including taking care of the chapel's altar vestments, communion ware and candlesticks. For special holidays, she decorated the chapel's altar with the appropriate settings. Muriel's death inspired the NEDH Pastoral Care Department to hold an All Saint's Day service on November 2 to honor the contributions of Deaconess community members who had died over the past year.

In recognition of Muriel's devotion to the Deaconess and its patients and staff, four altar vestments were presented to the chapel during the anniversary service. The vestments were made by quilt artist Virginia Anderson, wife of NEDH Chaplain Raymond Anderson.




During the service, former NEDH Executive Vice-President Don Lowry recounted the history of the Dooley Chapel. "Several attempts were made to raise money to build a chapel from 1915 throughout the 1940's," remembered Lowry. "Finally, in the 1950's, a wealthy man named Arthur T. Dooley expressed interest in the hospital. He wanted to finance a project, but he wasn't inspired by the ideas I mentioned – except for building a chapel," explained Lowry.

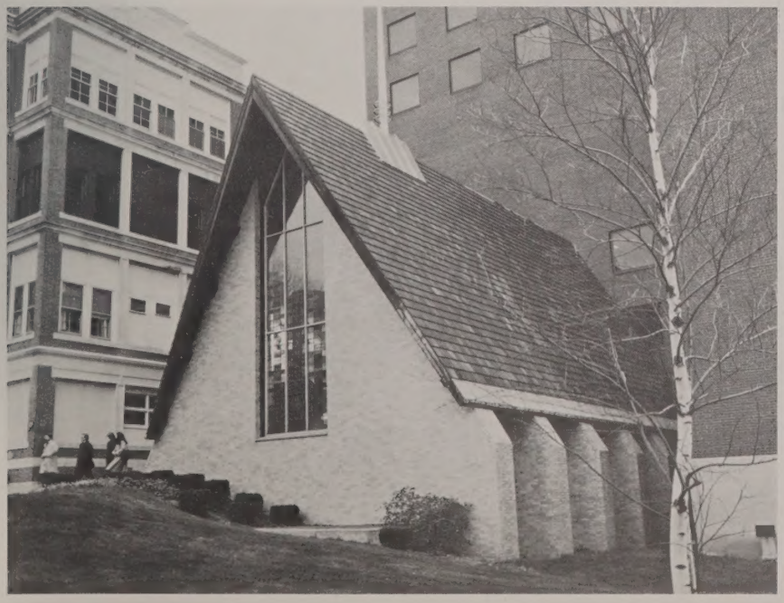
"Mr. Dooley said he would provide funds for a chapel the day he became a millionaire. On that day, I called him. This gift was the first of many Mr. Dooley made to the Deaconess and other associations," concluded Lowry. In addition to the chapel structure, Dooley installed a floor-to-ceiling stained glass window in memory of his wife, Alice.

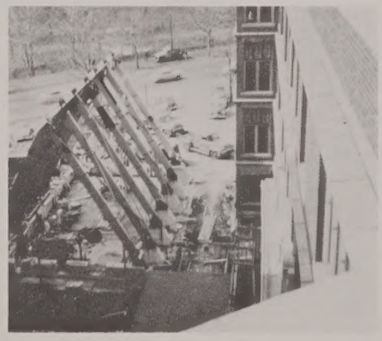
President Laurens MacLure reinforced the message of the other guest speakers when he said that it wasn't a coincidence that the Deaconess prospered over the years since "the hospital is the product of people who are concerned with a mission of always putting patient care first. By care I mean a person's entire health – physical, mental and spiritual," he commented.

Other participants in the anniversary service included: Reverend Warren J. Jacobs, United Methodist Church; Father Peter A. Chamberas, St. Nectarios Greek Orthodox Church; Dr. James L. Tullis, former NEDH Department of Medicine Chairman; Reverend Anderson, Claire Dumont, Reverend William Shuster, Rabbi Morris B. Funk, NEDH Chaplains; Kim V. Clements, resident chaplain; and Margaret McLean, former Deaconess employees.

Following the service, a reception was held in the School of Nursing.







The Dooley Chapel (above) under construction in spring of 1956, and as it appears today (left). At a reception following the anniversary service, Nancy Reed (r), a former NEDH clinical pastoral student, reviews letters of congratulations from people who have been associated with the chapel over the past 25 years.

*(more photos on page 6)*

# Deaconess receives RDMG community service award

The Deaconess received a 1981 community service award from the Roxbury Dental and Medical Group (RDMG) in recognition of the hospital's contributions to providing quality health care for the Roxbury community.

NEDH President Laurens MacLure accepted the award at RDMG's first annual endowment fund awards dinner on November 10.

For his medical and personal contributions to RDMG, Dr. Laurence P. Cloud, a Deaconess staff physician specializing in hematology and internal medicine, also received an RDMG community service award.

After a welcome by Samuel Pierce, president of RDMG, Desiree Palmer, D.M.D., introduced U.S. Representative Shirley Chisholm (D-N.Y.), guest speaker for the evening. Congresswoman Chisholm discussed the importance of health care availability in the inner city.

In the late 1960's, the Deaconess was instrumental in establishing RDMG as a nonprofit, community-based health center, owned and directed by the patients it served.

Since then, NEDH has maintained its close relationship with RDMG, providing it with annual financial support, with the availability of Deaconess medical and technical personnel, and with access to the hospital's extensive facilities for inpatient health care.

In addition, the Deaconess operates a program of clinical rotation and education in community-based medicine for the resident physicians in its department of medicine. This program has benefited the RDMG by providing it with broader coverage by trained medical personnel on a daily and weekly basis.

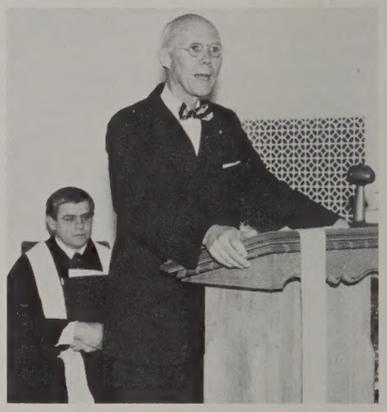
**Smoking** *(continued from page 4)*

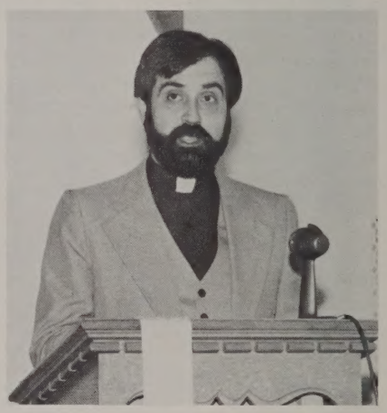
Other issues covered at the conference included the association between smoking and health, cost, fire hazards and productivity in the workplace. During the conference, Dr. Andrews said that a policy which is legislated, ordered, or mandated cannot work "because you alienate and lose the smokers, and in order to make any smoking policy work, you must have their support." While at the conference, Dr. Andrews distributed the hospital's new smoking policy brochure. Compiled by the hospital's smoking policy committee, the brochure contains a concise history of the efforts to reduce smoking at NEDH. The brochure, which outlines the hospital's smoking policy, will be distributed throughout the hospital, and given to new employees, visitors, and patients upon their admittance to NEDH.

The Deaconess policy states that patients, visitors and employees are allowed to smoke only in a location that is posted specifically as a smoking area. Patients may not smoke unless their doctors write an order to permit them to do so. Visitors are asked to refrain from smoking, but if they must, an area located near the hospital cafeteria is available to them. Staff members may not smoke while on duty. In their free time, they may smoke only in areas specifically set aside for smoking.

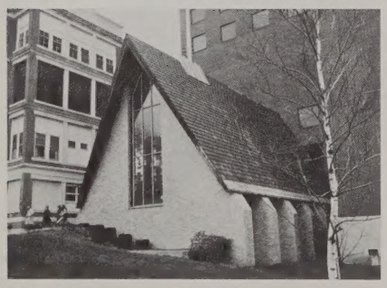
## Acknowledging 25 years of service at the Dooley Chapel . . .

Reverend Guy L. Steele, NEDH Director of Pastoral Care, addresses the congregation (above). Other guest speakers included: Dr. James L. Tullis (r), former NEDH Department of Medicine Chairman; Reverend William Shuster (seated), NEDH Associate Director of Pastoral Care; and Reverend Warren J. Jacobs (below, right), United Methodist Church.

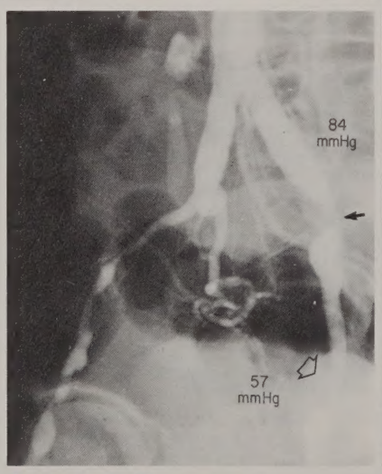




*Mrs. Nancy Perry, vice-president of the Friends of the Deaconess Hospital, discusses the afternoon's events with Associate Director Roger A. Perry, Jr. (center) and Don Lowry, former NEDH Executive Vice-President, and a guest speaker at the chapel service.*



*NEDH celebrates silver anniversary of the Dooley Chapel* *(see page 5)*




*Arterial diseases treated by radiological technique* *(see page 3)*

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